On the Mark Adolescent Clubhouse Membership Application

Physical Address: 520 N. Market Street, Frederick, MD 21701 Mailing Address: 350 Montevue Lane, Frederick, MD 21702

Member Name: _____ Date Parent/Guardian Name______Parent Phone Email: Parent Cell Phone City/State/Zip_____ Street Address_____ County_____ Home Phone____ Cell Phone____ Age: ____ Date of Birth: ___ Gender: M F Marital Status: Race: Ethnicity: □ Never Married □ Black/African-American □ Puerto Rican □ Married □ Mexican □ White □ Asian or Pacific Islander □ Cuban ☐ Alaskan Native □ Not of Hispanic Origin ☐ American Indian ☐ Other Hispanic □ Other Do you have any Children?____Ages____ How did you hear about the clubhouse: ☐ Advertisement
☐ Internet
☐ Community Posting
☐ Dept. of Juvenile Justice
☐ Church □ Advertisement □ Parent/Guardian/Family □ Friend □ Facebook ☐ Newspaper □ Other_____ Are you attending school: ☐ Yes ☐ No School Attending: _____ Grade_____Highest Grade of Education Completed _____ HS Diploma Received: ☐ Yes ☐ No IN GED Classes: ☐ Yes ☐ No Taking College Courses ☐ Yes ☐ No Would you be interested in help with school work? ☐ Yes ☐ No **Living Arrangements:** ☐ Living with parents/guardians ☐ Foster Care ☐ Residential Sub. Abuse Facility ☐ Independent Living ☐ Shelter ☐ School ☐ □ Street/Outdoors ☐ Group Home □ School Dorm ☐ Sober Living/Transitional Hsing. ☐ Private Residence (other than my own family) □ Other_____ Why are you interested in attending clubhouse activities:

What activities would you be	interested in:	
☐ Educational/Tutoring	☐ Employment skills	☐ Discussion groups on teen issues
□ Exercise	☐ Healthy eating/cooking	 Improved family interaction
□ Recreational Activities	, ,	
☐ Volunteer in community	☐ Music/Art	☐ Cultural Events/Plays/Museums
☐ Social Activities/Dances☐ Sports	☐ Family Night☐ Holiday Events	☐ Fitness☐ Computer
☐ Theater		☐ Relaxing/place to hang out
☐ Other (Please list all interest		
Have you had any counseling	g in the past? \square No \square Yes,	If so where?
Are you currently seeing a co	ounselor □ No □ Yes, If so	where?
May we have permission to con-	tact your counselor? 🗆 No 🗆	Yes, Name of counselor
Counselor's Program name a	and phone number	
Medical Condition/Concerns	(Please list any medical con	cerns including <u>allergies</u> that our staff should be
aware of :)		
Please list all Medications:		
FOR INHOUSE USE: Drop in	Visit (data):	Active Member (date):
		AFFT Completed (date):
	_	
Entered in Roster database k	oy Date	
Parental/Guardian Information I am aware that my son/daughter of Maryland 21701. I am aware that hours of operation are M-F 3:30-7 without the youth member. My signis responsible for their own transposactivities that the clubhouse offers	(youth) has visited the adolescent the clubhouse offers free, after-so 200 and Saturdays 11:00-5:00. I a grature below indicates I have gra cortation to and from the clubhouse and may agree to sign separate	clubhouse located at 520 N. Market Street, Frederick shool and Saturday activities as well as snacks and drinks. The sm also aware that I can visit the clubhouse at any time with or inted permission for my youth member to attend activities and e. I am aware that I will need to give permission for any off-site permission forms for those activities. e, the clubhouse staff are no longer responsible for members
(Parent/Guardian Signature/Date)		(Witness Signature/Date)